REQUEST FOR PROPOSALS FOR THE PROVISION OF AUDITING SERVICES TO Ethos.

BACKGROUND DOCUMENT

I. INTRODUCTION

Ethos, an Aging Service Access Points agency, is an Affirmative Action/Equal Employment Opportunity organization requesting proposals for the provision of auditing services and completion of tax returns.

Ethos is a private non-profit corporation serving persons 60 years of age and older who reside in Boston neighborhoods as well as serve other persons with disabilities. The Organization was incorporated in 1972 and responsible for planning, organizing, and implementing a coordinated, comprehensive network of services to enable elders and others with disabilities to secure and maintain maximum independence in their home environment. The agency provides case management services and sub-contracts with outside vendors for the provision of services such as homemaking and home delivered meals to elder clients. Also the agency provides Skills training for elders, involved in Consumer Direct Care Programs. The Organization administers 23 federal, state and locally funded programs. The agency’s fiscal year runs from July 1 to June 30.

Ethos is responsible for servicing Roslindale, West Roxbury, Hyde Park, West Mattapan and South Jamaica Plain areas of the City of Boston, and its primary source of funding is the Commonwealth of Massachusetts, governed by Division of Purchased Services regulations, and City of Boston. The Ethos annual budget currently is about $24 million.

II. SERVICES TO BE FURNISHED UNDER THE CONTRACT

The following services must be provided in each of the three years of the contract:

Conduct an independent audit of the agency's financial statements. (This task must commence on the completion of each fiscal year on June 30 and be completed by September 25.)

Prepare federal and state tax submissions and Massachusetts Uniform Financial Reporting Documents. (This activity should commence on or about September 10 of each year and must be completed by October 15.)

Conduct audit of Massachusetts Salary Reserve Distribution, if applied.

Conduct Single Audit, according the OMB Compliance Supplement and the Uniform Guidance and Report on Schedule of Expenditures of Federal Awards (Must be completed by October 15)

Be available as needed resource regarding fiscal issues/questions
Proposals will cover provision of services for the fiscal years beginning July 1, 2017 and ending June 30, 2020. The agency issues contracts on a year-by-year basis with each following contract dependent on satisfactory performance.

III. PROPOSAL SUBMISSION

The attached Proposal form must be filled out completely. Please note that the annual fee for services that must be filled in under question 5 should be effective for each of the three years of the contract period. The agency requesting proposals at this time is a non-profit organization with a limited budget and the proposed price of services to be provided under this contract will be a major factor in the selection of the auditing firm.

Please submit four copies of the Proposal.

IV. SUBMISSION AND SELECTION PROCESS

All Proposals must arrive at Ethos, 555 Amory Street, Jamaica Plain, MA 02130, by 5:00 PM on March 21, 2018.

The firm selected to be the provider of auditing service will be notified by May 2, 2018 and issued a contract by May 18, 2018.

V. LIMITATIONS AND RESTRICTIONS

A. Proposals must follow all procedures outlined in these instructions.

B. Ethos reserves the right to accept or reject any or all proposals.

C. This Request for Proposals does not commit Ethos to awarding a contract.

D. All costs included in preparing proposals must be borne by the organization submitting the proposal.

E. The organization which Ethos wishes to have supply auditing services will be issued a contract which must be signed by all parties to the contract before it becomes effective.
PROPOSAL

1. Name of Company: _____________________________

2. Address: ______________________________________

3. Contact ___________________________ Tel No. _______________________

4. Describe the nature of your present business, the number of years it has been operating, the number of professionals employed by the firm, the experience (if any) of the organization in auditing non-profit organizations largely dependent on governmental funding, and any other information which will enable us to assess the viability of your offer to provide auditing services. Be sure to describe anything about your organization which distinguishes it from other providers of auditing service. Attach an additional sheet if space below is not sufficient. __________________________________________
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5. State your charge for each of the three years for the services detailed in the Background Document:
   to provide auditing services in FY18 $ _________
   to provide auditing services in FY19 $ _________
   to provide auditing services in FY20 $ _________
6. Please indicate if your organization is any of the following:  
   certified small business  
   certified minority-owned business  
   certified women-owned business  
   business is owned or controlled by socially or economically disadvantaged individuals or individuals with disabilities.

   yes  no

7. Please list all the ASAP's in Massachusetts for which you have served as the auditor during the past ten years and the calendar years you provided auditing services to this (these) agency (cies). (If you have not served as an auditor of an ASAP, write "None" in the space below.)

<table>
<thead>
<tr>
<th>Name of ASAP</th>
<th>Calendar Years</th>
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8. Provide two references other than Massachusetts ASAP's for which you have supplied auditing service.

   1. ____________________________
      Name of Company
      ____________________________
      Address
      ____________________________
      Contact Person
      ____________________________
      Telephone Number

   2. ____________________________
      Name of Company
      ____________________________
      Address
      ____________________________
      Contact Person
      ____________________________
      Telephone Number

I have reviewed the information given in the Background Document for this Request for Proposals and agree to the terms and conditions stated therein. The information given in this Proposal is complete and accurate to the best of my knowledge.

_________________________  ____________________________  ________________
Name  Title  Date